

BOE-60-AH (FRONT REV. 3 (6-99))

CLAIM OF PERSON(S) AT LEAST 55 YEARS OF
AGE FOR TRANSFER OF BASE-YEAR VALUE TO
REPLACEMENT DWELLING (Intracounty and Intercounty When Applicable)
(Section 69.5 of the Revenue and Taxation Code)

DONALD E. WILLIAMSON, Assessor
County of San Bernardino
172 West Third Street
San Bernardino, CA 92415-0310
www.sbcounty.gov/assessor
(909) 387-8307



A. REPLACEMENT DWELLING

ASSESSOR'S PARCEL NUMBER

RECORDER'S DOCUMENT NUMBER

DATE OF PURCHASE

COMPLETION OF NEW CONSTRUCTION

PURCHASE PRICE

COST OF NEW CONSTRUCTION

\$

\$

PROPERTY ADDRESS (street, city, County)

Is the new construction described above the result of new construction performed on a replacement dwelling, which has already been granted the benefit under section 69.5 within the past two years? ☐ Yes ☐ No

If yes, what was the date of your original claim? _____

B. ORIGINAL (FORMER) PROPERTY

ASSESSOR'S PARCEL NUMBER

DATE OF SALE

SALE PRICE

\$

PROPERTY ADDRESS (street, city, county)

Was this property your principal place of residence? ☐ Yes ☐ No

NOTE: When applicable, if the property is located in a different county from that of the replacement property, you must attach a copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale? ☐ Yes ☐ No *If yes, please explain:*

C CLAIMANT INFORMATION (please print)

NAME OF CLAIMANT

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AT LEAST AGE 55

☐ YES ☐ NO

Have either you or your spouse previously been granted relief under section 69.5 because of disability? ☐ Yes ☐ No

CERTIFICATION

I/We certify (or declare) under penalty of perjury under the laws of the State of California that, (1) neither of the claimant(s) above have previously been granted relief under section 69.5, (2) as a claimant/occupant I/we occupy the replacement dwelling described as my/our principal place of residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.

CLAIMANTS SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

DAYTIME PHONE NUMBER

MAILING ADDRESS

If there are not enough spaces above for additional claimant(s) information, please use the above format on a separate sheet of paper and attach. If you have any questions about this form, please contact the Assessor's Office. (Did you, as a claimant, remember to include a copy of your birth certificate with this form? If not, please do so.)

All Information provided on this form is subject to verification.
IF YOUR APPLICATION IS INCOMPLETE, YOUR CLAIM MAY NOT BE PROCESSED.